

MEDICAL PROVIDER INQUIRY

Medical providers seeking the claims status of their workers' compensation patients may use this form for inquiries to the Virginia Workers' Compensation Commission.

Inquiries can be submitted by mail, facsimile to (804) 367-0142 or by phone on 1(877) 664-2566

(Medical Provider)		(Contact person & phone #)		(Facsimile #)		(Date)		
Patients Name	SSN	Date of Injury	Nature of Injury (Body Part)	<u>NO CLAIM FROM PATIENT</u> No Report	Report on FROI	Claim Pending	Award	VWC file no. & Carrier Info
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	